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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 5/22/2013 2:59 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Organization Limited Liability Company	KLC
Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:		
Article I: The name of the limited	I liability company is	
Article II: The street address of the limited liability company's initial registered office in Kentucky is		
446 Hide Au		Kentucky 40444
Street Address Only (No Post Office Box Numbers) City State Zip Code and the name of the initial registered agent at that office is		
Article III: The mailing address of the limited liability company's initial principal office is		
H46 Hde Awar Street Address or Post Office Box Nu	hober Rd Lancaster City	Kentraky 40444 State Zip Code
Article IV: The limited liability company is to be managed by (must check one):		
A. a manager(s). B. its member(s).		
Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective		
date or the delayed effective date	e cannot be prior to the date the application is filed.	The date and/or time is 5.22.13 (Delayed effective date and/or time)
I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.		
8(7(J)	Christopher Walker	Member/Many 5,22.13
Signature of Organizer	Printed Name & Title	Date
Signature of Organizer	Printed Name & Title	Date
Print Name of Registered Agent Signature of Registered Agent	chestor Walker	d agent on behalf of the limited liability company. Manger 5.22.13 Date

(01/12)